उपसभापति : हां, ठीक बात है। प्रधान मंत्री की कुर्सी पर नहीं बैठना चाहिये। **(व्यवधान)** प्लीज। जैकब साहब बैठे नहीं थे, चूंकि उस में इतना शोर मच रहा था, उनके पास माइक नहीं है इसलिये वह आगे आये थे। अब नया माइक सिस्टम आ जायेगा तो सब मामला बराबर हो जायेगा।

श्री सत्य प्रकाश मालवीय : उनको आपसे अनुमति लेनी चाहिये थी।

उपसभापति : हां, आप मुझसे अनुमति लीजिये। जैकब साहब, आयन्दा आप अनुमति लेकर आगे आइयेगा। आप मुझसे अनुमति लेकर प्रधान मंत्री बनियेगा। **(व्यवधान)** उनके कहने का मतलब यह है कि कुर्सी पर बैठने का।

I have got something. Ther is a Bill to be withdrawn. *(Interruptiono.* Let withdraw his Bill and withdraw from the House, so that we can go ahead with something else. *(Interruptions)*- I will allow you. Let him withdraw the Bill Yes, Mr. Fotedar.

THE ACQUIRED IMMUNO DEFICIENCY SYNDROME (AIDS) PREVENTION, BILL, 1989.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M. L. FOTEDAR): Madam, I beg for leave to withdraw the Acquired Immuno Do-ficienty Syndrome (AIDS) Prevention, Bill, 1989.

The question was proposed.

SHRI MENTAY PADAMANABHAM (Andhra Pradesh): Madam, he has to explain in the House why he is withdrawing the Bill.

उपसभापति : फोतेदार जी, आप क्यों बिड़ो कर रहे हैं।

SHRI SATYA PRAKASH MALAVIYA (Uttar Pradesh): Madam, why is he seeking pelt mission to withdraw this Bill?

SHRI M. L. FOTEDAR: Let me explain why I am withdrawing the Bill. In a untshell I would say that we had introduced this Bill in 1989 in this House-Now the World Health Organisation-has passed a resolution that HIV patients of AIDS patients should not remain isolated. The treament towards such patients should be humane, it should not be inhuman. There should be no separate camps or compartments in any hospital. They should be treated as common human beings. The second thing is that mostly HTV patients are found in high risk groups, called in ordinary parlance the commercial sex workers. The Bill seeks that these people will have to be identified. They would have become just like history sheeters of the police station. A doubt has arisen that in case we identify them, they will go underground and we will mot be able to find out who actually are the HTV patients. So, we want to make it know that HTV patients will get adequate treatment in all the Government hospitals We have sought a World Bank loan also for this, purpose. For this sufficent awareness has to be created at the national level. An information, education and communication system has to be developed so that people become aware what causes AIDS or HIV positive and in which hospital they will be treated..

In the larger interest of medical ethies and in the larger interest to checking and controlling the spread of AIDS and HIV positive we have considered it necessary that the Bill should be withdrawn. We are making adequate arrangements to see that the patients who suffer from HTV positive or AIDS are treated well both in Government hospitals as well as in private hospitals- *(Interruptions).*

SHRI G. SWAMINATHAN (Tamil Nadu): If you don't segregate 3hem, is it not dangerous to other patients? Yon say that you will not segregate them. You will keep them with other patients. Will this not have any effect on the other patients who are already there?

SHRI M. L. FOTEDAR: We are making sufficient arrangements that they are

kept in a hospital but they are not kept in isolation or outside the hospital- That is the point.

डा० अबरार अहमद : (राजस्थान) : मैडम,. . . . (व्यवधान)

उपसभापति : आप इस पर बोल रहे है । (व्यवधान) इस पर कुछ कहना है ? At this stage

डा० अबरार अहमद : मैडम, जो बिजनेस जैकब साहब ने. . (व्यवधान)

उपसभापति : नहीं-नहीं ।

Let me finish this Bill. The question is that the leave be granted to withdraw the Bill. . . *(Interruptions). . ,*

SHRI N.K.P. SALVE (Maharashtra): Madam, . . . *(Interruptions). . .*

उपसभापति : इसी पर बोलना है ।

SHRI N-K.P. SALVE: I want to speak on the withdrawal of the Bill. Madam, hon. Minister has given reasons which appear *prima facie* to be very valid. But the fact remains that AIDS is according to him only preventable and not curable at all. If anything happens by way of AIDS then it is the end of the man. The problem arises because it is a very highly contageous disease. Madam, I am not an expert on AIDS But this is what I have been told by experts that two out of 1000 cases are as a result of sexual transmission. But where it is by transfusion of blood, it is 95 per cent. In other words if the blood transmitted or transfusion given of blood which is contaminated, then the patient who receives the blood, in 95 out of 100 cases is likely to suffer from the disease. The Minister at one time in this House made a statement that he was going to bring a statutory resolution. It is all right if the World Health Organisation wants you not to have this kind of legislation. We must agree because AIDS is a global phenomena and we must march in harmony with the world opinion in the matter. But the minimum we can do, Madam, is to at least take care- In India transfusion of blood as become a terrible business and it is not being regulated. Will you at least promise the House that before the next session or in the next session you will bring a legislation so that you will be strong enough to take action against the people who are trading in blood and who are running blood banks without proper safeguards for safety. . . *(Interruptions)* . .

THE DEPUTY CHAIRMAN: Mr. Dinesh Trivedi, you want to speak on the same thing.

SHRI DINESHBHAI TRIVEDI (Gujarat): Madam, I am with the Minister as far as the spirit is concerned. I will go one step further and say if somebody doesn't treat then we must have some provision by which he has to treat ensuring that all the safeguards are taken. Madam, the very title of the Bill AIDS Prevention Bill. It is AIDS Prevention Bill- There was some sort of a Select Committee where Members of both the Houses were there and we were deliberating, I was part of it, and most of the time we spent in finding out ways and means by which AIDS can IK prevented. Madam, my submission is, would the Minister kindly consider amending certain clauses which are detrimental to the interests of the AIDS patients in terms of ther getting isolated? In other words, rather than withdrawing the entire Bill, would you consider amending the Bill?

SHRI IOHN F. FERNANDES (Goa); Madam, I can understand the anxiety of the Minister in withdrawing the Bill In view of the new recommendations of the Human Rights as passed by the United Nations. This Bill is about three years old; so it is outdated. We cannot allow these people to go scot-free. Most of the people who are bringing in AIDS are

[Sh. John. F. Fernandas]

foreigners, tourists. So I thing *ova* population has to be saved from this epidemic, foreign epidemic which is spreading to the developing countries In view of this I would like *the* hon. Minister to introduce one more Bill safeguarding the interests of Human Rights.

SHRI SUBRAMANIAN SWAMY: (Uttar Pradesh): Madam, thus is very important. This is am important point. The question is so far when compared to other coumtiries we are better oft. But once it gets in, then it will be vvery difficult to control it and the spreading agency in the begining is the foreigner. There should be some way by which we oan do this without affecting the interests of Human Rights-

SHRI G. SWAMINATHAN: I would like to know from the hon. Minister what exactly he is going to do after withdrawing the Bill. He has not told us anything about it. We want to know what kind of action the Government is thinking of taking after withdrawing the Bill. We bad a Select Committee which) submitted a report. But what is it that you are going to do is what we are very much concerned- Because, recently we have been getting reports, even Delhi is affected. Some of the areas in Bombay, the red-light areas and many other areas are affected. And there have been various suggestions, even legalising immorality) or sex brokers or whatever it is. Many arguments have been there. But the only point that I may Hike to know from the hon. Minister is whether any kind of a legislation or any kind of preventive measure has been done in any country and whether he will be able to pass on that information to the Members of parliament and also whether he will be able to adopt it. The United Nations has not mentioned as *to* what exactly has to be done- It just said that this cannot be done. But what exactly has been done in other countries to which AIDS has spread? What kind of action has been taken in legation part? We would like to know all these things.

SHRI JAGMOHAN (Nominated): There are two short points which I want to make. We had a discussion here about AIDS only a few days ago and a number of Members participated and gave suggeestions. Will it be possible for the Minister to consider a new Bill, a comprehensive Bill, a Central legislation, incorporating all the suggestions that. were made? The second point is as we had some timr back TB-sanatoria separately, why h it not possible to set up separate sanatorium type of arrangement for the AJD patients where they can be kept sepa ately in the environment which is not necessarily a hospital environment, but where all the facilities are available, and where they can lead a proper life? There are many nature-cure clinics which are being set up where a man can lead a normal life, move around and where libraries are there, and playgrounds are there. And they don't feel that death is certain. They also need not go and interfere with other people's life and! create more problems. This is a proposal which you might like to consider.

श्री अजीत जोगी : (मध्य प्रदेश) : महोदया, ऐड्स के विषय में इस सदन में बहुत लंबी चर्चा हुई। इस बिल के विषय में भी बातचीत हुई। मैं आपके माध्यम से सदन का ध्यान केवल एक तथ्य की ओर ले जाना चाहता हूं, मंत्री जी का ध्यान दिलाना चाहता हूं, कि एड्स के विषय में हमने बहुत चर्चा की लेकिन हमारी प्राथमिकतायें कहां जा रही है इस पर हम जरूर विचार कर लें क्योंकि अभी हमारे देश में जहां केवल ग्रैस्ट्रो इंटराइटिस से लोगों की मौतें होती है, आदिवासी मर जाते हैं, जहां मलेरिया जैसे साधारण रोग से हजारो हरिजन और आदिवासी मर जाते हैं, जहां कुपोषण से हमारी नई पीढ़ी नष्ट हो जाती है, उनके विषय में तो हम शायद ही कभी चर्चा करते हैं, मगर एड्स जिसका अभी केवल हमें भय है और अभी वह शहरों तक सीमित है, उस पर इतनी लंबी चर्चा करते हैं, तो इस प्राथमिकता पर भी हम जरूर ध्यान दें।

THE DEPUTY CHAIRMAN: Mr. Minister, you want to answer

SHRI M. L. FOTEDAR: Madam, I would like to mention one or two points. Mr. Salve has mentioned about the transfusion of blood. I wasn't very happy; in fact, I had mentioned the other day that the discussion was only for half-an-hour. And I volunteered myself and said that Members might take as much time as they wanted. I think the whole discussion was for two-and-a-half hours. I indicaed the plan that we had formulated and that was going to come into operation. As far as the transfusion of blood is concerned, we need not amend any law. The rules are there, the rules framed under the Drugs and Cosmetic Act. .. *(Interruptions)*

SHRI N.K.P. SALVE: Rules under which law?

SHRI M. L. FOTEDAR: Rules under that law- The Drug Controllers of the States in concurrence with the Drug Controller of India will have the authority to give licence to any blood bank. I have mentioned a number of times here that most of the blood banks and, more so, in the public sector are unli-cenced. So, we are making it mandatory that all the blood banks, both in the public sector and the private sector, will have to take a licence and that licence will be conditional, certain conditions will have to be fulfilled. So, we are ensuring that before blood is transfused into a patient, the HIV test is made. And I have also stated as to what effective, adequate and proper arrangements we are making for the safety of the blood and blood products. We are importing some latest equipments, from Japan and other countries. Every district blood bank will have the latest rapid diagnostic test equipments and within a short time you can test whether the blood donated is HIV positive or not As soon as ti is detected, it will go to the Zonal Bank-After the Zonal Banks, we have created some more other Banks where it will be finally tested whether the patient has got HIV or not. We will also have a record t»efore ourselves. But if we want to make it as a sort of sanatorium as we lesed to have during the Second World War for TB Patients and others, it will be yery difficult for such a big country. The only preventive action that can be taken and I would like to seek the help of all hon. Members who represent different States, is to create public awareness, public consciousness in the country... *(Interruptions)*.. .

AN HON. MEMBER: Greater morality. ..

SHRI M. L- FOTEDAR: Yes, greater morality. I would like to tell him that the most preventable instrument can be that one should interact only with a person with whom one is legally entitled to. That is the answer. That can be the preventive action. The second point is when our... *(Interruptions)* ... because these things have come up.

SHRIMATI JAYANTHI NATARAJAN (Tamil Nadu): You are absolutely right.

SHRI M. L. FOTEDAR: Secondly, if one wants, one should use necessary condoms and other things, For that also ' public awareness has to be created. The third point is with regard to transfusion of blood. We are making sufficient arrangements for that throughout the country. The fourth point is regarding STD clinics. We are also trying to see that STD clinics are strengthened to an extent and public awareness is created so that the AIDS patients who are HIV positive are not eaparated- Since adequate arrangements are being made, I would like to seek the indulgence of the House to permit me to withdraw the Bill.

THE DEPUTY CHAIRMAN: The question is:

> "That leave be granted to withdraw the Acquired Immiuno Deficiency Syndrome (AIDS) Prevention Bill 1989."

The motion was adopted.

SHRI M. L. FOTEDAR: Madam, I withdraw the Bill.